

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-701018**

FILED DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1ST REPLY		AFTER 2ND REPLY	
DID	DEP	DID	DEP	DID	DEP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40	1		1		
41		1		1	
42		1		1	
43		1		1	
44		1		1	
45		1		1	
46		1		1	
47	1		1		1
48		1		1	
49		1		1	
50		1		1	
TOTAL IND.		2		1	
TOTAL DEP.		7		1	
TOTAL CLAIMS		9		2	

  

CLAIMS					
AS FILED		AFTER 1ST REPLY		AFTER 2ND REPLY	
DID	DEP	DID	DEP	DID	DEP
51					
52					
53					
54	1		1		
55		1		1	
56		1		1	
57		1		1	
58		1		1	
59		1		1	
60		1		1	
61					
62					
63					
64					
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95					
96					
97					
98					
99					
100					
TOTAL IND.		3		1	
TOTAL DEP.		18		5	
TOTAL CLAIMS		21		6	

15/3